	Submit One Copy To Appropriate District State of	New Mexico	Form C-103
	Office	and Natural Resources	Revised November 3, 2011
	1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
	District II 811 S. First St., Artesia, NM 88210 OIL CONSERV	VATION DIVISION	30-025-34224
	District III 1220 South	n St. Francis Dr.	5. Indicate Type of Lease  STATE   FEE
	1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fo	e, NM 87505	6. State Oil & Gas Lease No.
	S.St., Francis Dr., Santa Fe, NM		, ,
	87505 SUNDRY NOTICES AND REPORTS O	SUNDRY NOTICES AND REPORTS ON WELLS	
	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR PROPOSALS.)	PEN OR PLUG BACK TO A M C-101) FOR SUCH	7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT
	1. Type of Well: Oil Well Gas Well Other	HOBBSOCD	8. Well Number 400
	2. Name of Operator		9. OGRID Number
	LINN OPERATING INC	JAN 2 6 2015	269324
	3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TX 77002	-	10. Pool name or Wildcat MALJAMAR;GRAYBURG-SAN ANDRES
	000 1101010, 501111 5100, 110 001010, 17, 77002		MILLIAM MORALIDORO OF MATERIALS
	4. Well Location	REPUBLICATION OF THE PROPERTY	
Unit Letter L: 1330 feet from the South line and 110 feet from the East line  Section 17 Township 17S Range 33E NMPM LEA County NM			e /
		hether DR, RKB, RT, GR, etc.)	
	4,197' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			ata
	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	$^{I}$ PERFORM REMEDIAL WORK $\square$ PLUG AND ABANDON		
	TEMPORARILY ABANDON   CHANGE PLANS	COMMENCE DRI	
	PULL OR ALTER CASING  MULTIPLE COMPL	CASING/CEMENT	「JOB □ /
	OTHER:   Location is ready for OCD inspection after P&A		
	All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.		
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the  OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.  The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines an other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
			concrete. It shows the
			ARTER/OUARTER LOCATION OR
			heen cleared of all junk trash flow lines and
			been clouded of all junk, trash, now thes and
			nd level.
	If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been remeter from lease and well location.  All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not		
to be removed.)  All other environmental concerns have been addressed as per OCD rules.  Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from retrieved flow lines and pipelines.  If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from leas location, except for utility's distribution infrastructure.			•
			ATI (1 13 b b
			All fluids have been removed from non-
			I lines have been removed from lease and well
			.~.
	n all work has been completed, return this form to the appropriate District office to schedule an inspection.		
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	SIGNATURE De Signature	TITLE Production 5	pecialist DATE 1/21/15
	TYPE OR PRINT NAME Damen Sooter For State Use Only	D-IVIAIL: UTOOFCO WE I'M	renergy.com PHONE: 575-369-9113
/	M / DI.	<b>1</b> 1 1 1	off July a lang
$\sqrt{}$	APPROVED BY: Wal Whitshu	TITLE LOMPHance	Utticer DATE 1/27/2015
	Conditions of Approval (if any):	Į.	

